

Effective on 12/06/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">For FY 2009</h2>		Application Number	10/550,681-Conf. #8344
		Filing Date	September 26, 2005
		First Named Inventor	Jerachmiel (yori) Appelbaum
		Examiner Name	B. J. Packard
		Art Unit	1612
		Attorney Docket No.	J0246.70000US00
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT	(\$) 245.00		

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input type="checkbox"/> Deposit Account Deposit Account Number <u>23/2825</u> Deposit Account Name <u>Wolf, Greenfield & Sacks, P.C.</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Small Entity	Small Entity	Small Entity	Small Entity	Small Entity	Small Entity	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	330	165	540	270	220	110	_____
Design	220	110	100	50	140	70	_____
Plant	220	110	330	165	170	85	_____
Reissue	330	165	540	270	650	325	_____
Provisional	220	110	0	0	0	0	_____
							Small Entity
							Fee (\$)
							Fee (\$)
2. EXCESS CLAIM FEES							
Fee Description							Fee (\$)
Each claim over 20 (including Reissues)							52
Each independent claim over 3 (including Reissues)							220
Multiple dependent claims							390
							195
Total Claims							Fee Paid (\$)
- 20 or HP = _____ x _____ = _____							Fee (\$)
HP = highest number of total claims paid for, if greater than 20.							Fee Paid (\$)
Indep. Claims							Fee Paid (\$)
- 3 or HP = _____ x _____ = _____							Fee Paid (\$)
HP = highest number of independent claims paid for, if greater than 3.							Fee Paid (\$)
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets		Extra Sheets		Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)
- 100 = _____		/50 = _____		(round up to a whole number) x _____		= _____	= _____
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							_____
Other (e.g., late filing surcharge): 1252 Extension for response within second month							245.00

SUBMITTED BY			
Signature	/Patrick R.H. Waller/	Registration No. (Attorney/Agent)	41,418
Telephone	617.646.8000		
Name (Print/Type)	Patrick R.H. Waller	Date	August 17, 2009

Certificate of Electronic Filing Under 37 CFR 1.8 I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4). Dated: August 17, 2009		Electronic Signature for Trish McDonald: /Trish McDonald/
--	--	---